



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Brady	Kathleen		522-5909
MAILING ADDRESS (Street)			FAX
P.O. Box 3410			522-5909
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96801	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(City)			(State)
(City)			(State)

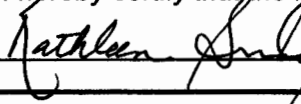
PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawai'i Juvenile Justice Project	522-5900
MAILING ADDRESS (Street)	FAX
P.O. Box 3410	522-5909
(City)	(State)
Honolulu	Hawai'i
(City)	(State)
(City)	(State)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	
Vanessa Y. Chong	TELEPHONE
522-5900	FAX
MAILING ADDRESS (Street)	522-5909
P.O. Box 3410	(Zip Code)
(City)	(State)
Honolulu	Hawai'i
(City)	(State)
(City)	(State)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	X Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



Signature of Lobbyist)

January 10, 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Vanessa Y. Chong		Executive Director, ACLU of Hawai'i
		Fiscal Sponsor of Hawai'i Juvenile Justice Project
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Hawai'i Juvenile Justice Project		522-5900
MAILING ADDRESS (Street)		FAX
P.O. Box 3410		522-5909
(City)	(State)	(Zip Code)
Honolulu	Hawai'i	96801

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

January 10, 2005

(Date)